

Wayne County Airport Authority SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION APPLICATION Program Overview

The Wayne County Airport Authority (WCAA) Small Business Enterprise (SBE) Program is an Authority-wide initiative governed by the WCAA Procurement & Contracting Ordinance. It was created to increase the number of opportunities available to small businesses within the Southeast Michigan area, on non-federally funded Airport Authority contracts. Under this program, SBE participation is encouraged through the use of the following mechanisms:

1. SBE Percentage Goals;
2. SBE Equalization Credits; and
3. SBE Development Contracts.

Firms may take advantage of these benefits by submitting an application for WCAA SBE certification to business.diversity@wcaa.us and meeting the certification eligibility requirements listed below:

1. Independently owned and operated business headquartered within the Air Trade Area (Michigan counties: Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne); with
2. Average annual gross receipts over the most recent 3-year period OR average number of employees in the preceding completed 12 calendar months (where applicable) that do not exceed the U.S. Small Business Administration (SBA) Size Standards.

NOTE: Firms intending to be counted as an SBE for equalization credit purposes must be certified as a WCAA SBE by the solicitation submission deadline.

Required Document Checklist:

Completed Small Business Enterprise (SBE) Certification Application

Notarized Affidavit

Proof of location of business headquarters within the Michigan counties of Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, or Wayne, such as a deed or lease agreement.

Proof of Gross Receipts for the three (3)* most recent years of operation for both the Applicant Firm AND Affiliate Businesses (if applicable). Acceptable forms of proof are as follows:

U.S. Corporation Income Tax Filers – Form 1120 pg.1-5

U.S. Partnership Income Tax Filers – Form 1065 pg. 1-4

U.S. Individual Income Tax Filers – Form 1040 pg. 1-2 AND Schedule C. Pg. 1-2

(NOTE: THE SIGNATURE PAGE MUST BE SIGNED OR THE APPLICATION WILL BE REJECTED)

**If applicant has been in business for less than three (3) years, provide all available information.*

Completed Internal Revenue Service Form W-9, Request for Taxpayer Identification Number

Submit all Required Documents to: business.diversity@wcaa.us

For additional information:

Visit <http://www.wcaa.us/Business/SBEProgram.aspx> or call (734) 247-7900

Wayne County Airport Authority
SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION APPLICATION

New Applicant
 Recertification

*If this application is in response/related to an open solicitation, input the following information: Solicitation #:
 Due Date:

| VENDOR INFORMATION | | |
|---|--------------|------------------------|
| Company name: | | Federal Tax ID Number: |
| Headquarter Address: | | County: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | Website: |
| Authorized Contact Name: | | Contact Title: |
| Contact Phone: | Contact Fax: | Contact E-Mail: |
| Other Business Address(es) (if applicable): | | County: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | Website: |

| AFFILIATES | | |
|--|--|----|
| Generally, affiliation exists when one business controls or has the power to control another or when a third party (or parties) controls or has the power to control both businesses. Control may arise through ownership, management, or other relationships or interactions between the parties. | | |
| Applicants must answer each of the eight (8) questions below to identify potential affiliate businesses. All business relationships meeting any or all of the criteria below may be considered to be affiliated, even if no business income was generated. | | |
| During any one (or all) of the three (3) most recent tax years, did the Applicant Firm or its Individual Owners and Officers: | | |
| 1) Have a controlling ownership in another business? | Yes | No |
| 2) Share or have common owners with another business? | Yes | No |
| 3) Share or have common management with another business? <i>("Management" refers to the owners and officers that control the business' decisions and day-to-day operations.)</i> | Yes | No |
| 4) Have a family member(s) engaged in a similarly or commonly related business activity as the applicant? | Yes | No |
| 5) Have a financial relationship with another business, consisting of loans and/or assistance to meet bond/security or credit requirements? (Exclude those with public financial institutions.) | Yes | No |
| 6) Have a contractual relationship with another company consisting of Assignments, and/or transfer of Title(s)? | Yes | No |
| 7) Share facilities, equipment or systems with another business? | Yes | No |
| 8) Share employees with another business? | Yes | No |
| If you answered Yes to any of the questions above, complete the table below: (NOTE: Proof of Gross Receipts will be needed for firms listed) | | |
| <u>Name of Related Business</u> | <u>Relationship to Applicant Firm</u> <i>(parent company, subsidiary, etc.)</i> | |
| 1) | | |
| 2) | | |
| 3) | | |

| BUSINESS INFORMATION | | | | | | | |
|---|---------|---------|---------|---|---------|---------|---------|
| List the names and titles of all individual owners and officers of the firm: | | | | | | | |
| Type of Business Structure: | | | | Type of Industry: | | | |
| Date firm became active and operational: | | | | Average number of employees for the past 12 months: | | | |
| Describe the primary activities of your firm (this will be included as your work description on the SBE Directory): | | | | | | | |
| List the North American Industrial Classification System (NAICS) Code(s) (found at http://www.census.gov/eos/www/naics/ - NOTE: save application prior to clicking) applicant firm intends to be SBE certified under and corresponds with the products and/or services your firm can provide to the Airport Authority. | | | | | | | |
| NAICS 1 | NAICS 2 | NAICS 3 | NAICS 4 | NAICS 5 | NAICS 6 | NAICS 7 | NAICS 8 |

How did you learn of the Small Business Enterprise (SBE) Program?

- Already an SBE (Recertification)
- A Prime Contractor
- A Wayne County Airport Authority (WCAA) SBE
- A WCAA Staff Person.

- At a WCAA sponsored outreach event.
- At an outreach event sponsored by an entity other than the WCAA.
- Other _____.

Wayne County Airport Authority
SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION APPLICATION
AFFIDAVIT

For a firm to be considered for Wayne County Airport Authority (Airport Authority) SBE Certification, this form must be signed by an authorized representative and notarized.

I, _____ (printed full name) affirm under penalty of law that I am _____
(position title) of applicant firm _____ (firm name).

I affirm that I understand all of the questions in this Certification Application and attest that all of the responses and statements in this Certification Application, attachments and supporting documents are true and correct to the best of my knowledge. I recognize that the information submitted in this application is for the purpose of approval by the Wayne County Airport Authority for participation in the SBE Program. I understand that the Wayne County Airport Authority may, by means it deems appropriate, determine the accuracy and truth of the statements in the SBE Certification Application for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business, and to permit interviews of its principals, agents, and employees in connection with this SBE Certification Application and if applicable, with participation in the Airport Authority SBE Program. I understand that refusal to permit such inquiries shall be grounds for denial of SBE certification and/or revocation of SBE certification if granted.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Airport Authority current, complete and accurate information regarding: (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of SBE certification; debarment from Airport Authority contract award(s); and for initiating action under federal and/or state law concerning false statements, fraud or other applicable offenses.

To the best of my knowledge, the applicant firm meets the following criteria: (1) business headquarters is located within one of the following Michigan counties: Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, or Wayne; (2) Average annual gross receipts over the most recent three-year period OR average number of employees in the preceding completed 12 calendar months (where applicable) does not exceed Small Business Administration (SBA) Size Standards; and (3) has been in business for a minimum of one (1) year. I certify that I will notify the Wayne County Airport Authority Procurement Department within thirty (30) calendar days in the event that my firm no longer meets the criteria of this Affidavit or of any changes to the information reported in the SBE Certification Application. I understand that failure to notify the Airport Authority Procurement Division within thirty (30) calendar days of any such change may result in revocation of certification as an SBE.

I further certify that I have the authority to execute this affidavit and give the above assurances.

Signature* of Authorized Representative _____ Date _____

**Original signature is required. Electronic signatures will not be accepted.*

NOTARY CERTIFICATE:

Sworn to and subscribed before me this _____ day of _____, 20____.
My commission expires: _____

Signature

Printed Name

Notary Public, State of Michigan, County of _____
Acting in the County of _____